

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007854

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

267

Primary Registration District No.

3049

Registrar's No.

25

FILED FEB 19 1963

VS.300  
Rev. 4/59

1 0781

2 0780

3

4 0

5 1

6

7 1

8 0

9 260X

10

11

12 1-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cammiest</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cammiest</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nayti</u>		c. CITY OR TOWN <u>Coaster</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hosp</u>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>Lee</u> Middle <u>McKinley</u> Last <u>Foster</u>		4. DATE OF DEATH Month <u>2</u> Day <u>1</u> Year <u>63</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>unknown</u> <u>abt 68</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11a. FATHER'S NAME <u>Isaac H Foster</u>		11b. MOTHER'S MAIDEN NAME <u>Virginia Sides</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		12b. SOCIAL SECURITY NO. <u>May Foster</u>	
13. CAUSE OF DEATH (Enter only one cause, per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: <u>arteriosclerotic heart disease</u> DUE TO (b) <u>diabetes mellitus</u> DUE TO (c) <u>1 year + 4-5 years</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5-10 min</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>absent</u> <u>St. Kneel</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>          </u> Month, Day, Year <u>          </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <u>1/31/63</u> to <u>2/1/63</u> and last saw her alive on <u>2/1/63</u> Death occurred at <u>          </u> m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>William D. Bryant, M.D.</u>		22b. ADDRESS <u>Nayti Mo</u>	
22c. DATE SIGNED <u>2/2/63</u>		22d. DATE (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	23b. DATE <u>2-3-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Leon</u>	23d. LOCATION (City, town, or county) <u>Steele Mo.</u>
24. FUNERAL DIRECTOR <u>Herman Funeral Home Steele Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-11-63</u>	
26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Jim F. McClure*

Licensed Embalmer No. 5104

P. O. Address St. Louis, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.